

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 533588

1. Entity Name
M.G. MASSOUMI, M.D., P.A.



Principal Place of Business
**1500 N. DIXIE HWY
SUITE 104
WEST PALM BCH, FL 33401**

Mailing Address
**1500 N. DIXIE HWY
SUITE 104
WEST PALM BCH, FL 33401**

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**MASSOUMI, ROSHAN Z.
1500 N. DIXIE HWY #104
WEST PALM BCH, FL**

01062006 Chg-P CR2E034 (11/05)

4. FEI Number 59-1748324	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MASSOUMI, ROSHAN Z. 1500 N. DIXIE HWY #104 WEST PALM BCH, FL		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Roshan Z. Massoumi

2-5-06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>MASSOUMI, M. G. 1500 N. DIXIE HWY #104 WEST PALM BCH, FL</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>MASSOUMI, ROSHAN Z. 1500 N. DIXIE HWY #104 WEST PALM BCH, FL</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: M.G. Massoumi, M.D. (MAS G. MASSOUMI, M.D.) 2/6/06 561-655-9455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #